New England Deaconess Hospital
Boston, Massachusetts

pulse

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Training Coordination puts shows on the road

When the PACS system went into effect, the Employee Relations Department needed to explain to employees how the system works. Miss Zelia Gorman, training coordinator, helped put the training session together. When dietary or building services need a specialized program, they contact Training Coordination.

Training Coordination is a department of two: Miss Zelia Gorman and her assistant, Miss Janet Murch, R.N., who arranges many of the medical sessions and does more of the actual teaching.

"We serve as a resource area for other departments by working with them in setting up their programs," says Miss Gorman. "We provide advice, films, and equipment. For example, we didn't do the training in the PACS program, but we helped set it up. John Chamberlain (employee relations compensation and benefits manager) taught it, but together we decided, based on the audience, what methods to use in teaching, where to hold it, and the logistics."

Writing is a big part of the job in Training Coordination. Manuals must be prepared to go with certain courses. Miss Murch has written some for the courses she teaches.

"Introduction to Hospital and Medical Terminology" is a two hour course given twice a year to nonmedical personnel to familiarize them with the more commonly used medical vocabulary. "Medical Terminology" is a more detailed course of 12 hours, also given twice a year, for employees who are routinely communicating with patients, families of patients, and the medical staff.

"Self-Defense for Women" is a new session to be conducted by Security which will teach methods of self-defense to all interested Miss, Mrs., or Ms. employees. When the class begins, the hours will be staggered so that everyone can participate. Future scheduling will be twice yearly.

There are a variety of quarterly programs. Virginia Randle, Anne Howard, School of Nursing; Margaret McLean, R.N., health clinic; and M. Eleanor Clapp, administration, have been teaching "English as a Second Language" to beginners for over a year.

Miss Murch teaches "Transcription for Unit Secretaries" which covers the transcription of doctors orders. The "Wednesday Flicks" feature a film and discussion on any number of topics and is open to all employees. A quarterly update session for supervisors of all levels and all departments is well attended and the subject matter varied.

"Body Mechanics," taught by physical therapist Nancy Rizzo, will start soon. The training session is for nonmedical personnel who are responsible for transporting patients or lifting weighty boxes and will show them the proper way to move and lift heavy objects.

There are always interesting programs in the making. Some of these will involve other hospitals — a better way to pool more resources.

Security is using your head

A nip in time saved some property and stopped a potential burglary. The scene of the attempted crime was the Stoma Clinic Office at 2 Autumn Street. The time: a recent afternoon. The heroine was Panda, the dog of Mrs. Edith Lenneberg, enterostomal therapist and coordinator of the NEDH Stoma Rehabilitation Clinic. Panda was alone in the office at the time and her loud protests at having her nap interrupted caused the burglar to flee.

You may not be lucky enough to have a watch dog in your home or apartment. And dogs are not permitted in the hospital or in the Medical Office Building. But you can protect home, office, and automobile by using common sense.

At home: Securely lock all doors and windows when you will be away for the day, or even just the evening. Safety locks are available that allow windows to be left open for the warmer weather that's coming, but prevent them from being raised past a certain point. Don't display valuables in the windows for admiring burglars to view. An article in the June 1974 issue of PULSE will cover what to do when leaving home for an extended period of time, like your vacation.

At the office, laboratory, or nurses station: Lock up that purse, ladies! Don't invite petty theft by leaving it on top of the desk, in an open drawer, or on the counter. Lead them not into temptation. When leaving the office for a coffee break or for the day, lock the door! The 10-year-old Selectric that you've been complaining about is still a "hot" item as far as a burglar is concerned. And tape recorders seem to be in vogue this year. Keep audio-visual equipment stored in a locked cabinet.

The automobile: Lock the car whether you're inside or out. Before you enter your car, check the back seat to make sure someone else hasn't arrived first to greet you. Place valuables in the trunk. It's quicker than you think for a thief to break the lock on your car and remove a few little

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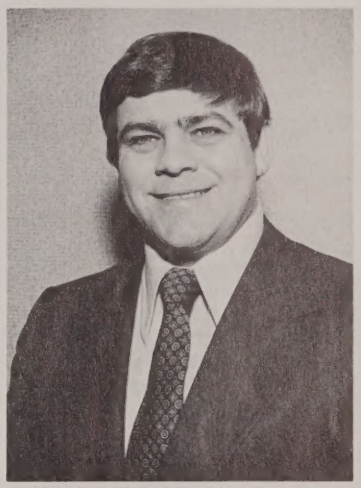
Mr. Schuster appointed associate chaplain

The Rev. Frederick W. Schuster has been appointed associate chaplain of the New England Deaconess Hospital. Originally from Jacksonville, Florida, he received his B.A. in English from Florida State University and his Master of Divinity degree from Drew Theological Seminary in Madison, New Jersey.

"I regarded Drew as my foray into the North before I settled permanently in the South," laughs Mr. Schuster.



Frederick W. Schuster

Upon graduation he returned to the South as the assistant pastor at the Calvary Methodist Church, Lake Worth, Florida, where he was involved in youth and educational programs. The appointment was for one year, and he has been north of the Mason-Dixon line ever since.

For three years he was pastor of the Machias and Jacksonville United Methodist Churches in Maine. There he was very active in the community as a member of the Lions Club and in setting up a volunteer chaplaincy at the new Machias Hospital. Three more years were spent in Maine as pastor of the Strong and Phillips United Methodist Churches.

In 1969, Mr. Schuster moved to Cincinnati, Ohio, where he was a chaplain intern in a one year training program at the Bethesda Hospital. He was then a chaplain resident at Hartford Hospital in Hartford, Connecticut, where he continued to give pastoral care to patients, families, and staff and conducted worship in the hospital, children's hospital, local churches, nursing home, chronic illness facility, and jail. He also received training as a clinical pastoral educator and pastoral counselor.

Prior to coming to the Deaconess he was pastor at the Vernon and Windsorville United Methodist Churches, Vernon, Connecticut. At the Deaconess he will be involved primarily in pastoral care of patients but will also be ministering to patients' families and hospital staff.

As soon as he and his wife Janet and their two daughters, Jennifer, 7, and Elizabeth, 3, are settled in Boston, "Bill" is looking forward to taking part in local church activities, joining the Lions Club, and bowling in the Deaconess league.

He is a member of the College of Chaplains and the Southern New England Annual Conference of the United Methodist Church. He is certified as an acting supervisor by the Association for Clinical Pastoral Education.

Mr. Schuster has a characteristic which makes him unique in his field. Because of macular degeneration that appeared in both eyes when he was 12, he has been legally, although not totally, blind since age 18. This has not been a handicap in his pursuit of a career in the ministry. He used recorded materials and readers — his wife was a reader whom he met at Drew — and graduated college and divinity school with honors.

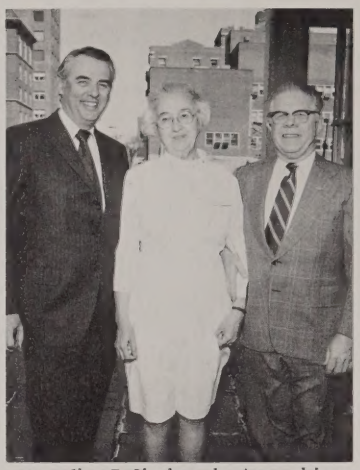
"I don't make any more of a limitation out of my blindness than I have to. Most of the time I experience it as an inconvenience," says Mr. Schuster. "The hospital is a parish I can cover on foot. I can hear fatigue, pain, and strength in a patient's voice. A patient will try to mask his face to hide emotions, but seldom thinks about masking his voice."

Mr. Schuster is eager to meet everyone. "If you see me before I see you, and you probably will, say hello."

Service award luncheon honors employees

A service award luncheon was held April 3 at the Riverway Restaurant to honor 16 employees who gave from 5 to 25 years of service. The luncheon was also attended by members of administration and department heads.

Five-year service award recipients were: (l. - r.) Mrs. Catherine C. Feeley, administrative services; Mr. Charles K. Spalding, Jr., maintenance and engineering; Mrs. Susan M. Keith, pathology; Mrs. Evangelia Spiliakos, laundry; Mrs. Yvette M. Twohig, School of Nursing; Mr. Stanley E. Paxton, accounting; and Miss Kathleen R. Bennett, nursing service. Those who could not attend the luncheon were Mrs. Marie D. Brutus and Mrs. Adeline F. Elmeus, central supply.



Mrs. Clare F. Shruhan, chemistry, celebrates 20 years of service with Director Richard E. Lee (l.) and Executive Vice President R. D. Lowry. Mrs. Margaret McLean, R.N., health clinic, another recipient of a 20-year service award pin, could not attend the luncheon.

Mrs. Helen Murphy, dietary, is congratulated on her 25 years of service by Director Richard E. Lee (l.) and Executive Vice President R. D. Lowry.

With Executive Vice President R. D. Lowry (far left) and Director Richard E. Lee (far right) are ten-year service award recipients: (l. - r.) Mrs. Greta A. Holman, dietary; Miss Barbara M. Wolchok, surgical services; and Miss Gail E. Graham, administration. Those who could not attend the luncheon were Mrs. Nora A. Coughlin, building services; Miss Anna L. O'Neil, Medical Office Building; and Mr. Evans F. Houghton, public relations.

Employees in action . . .

Mr. Edmund B. Beyer, administrative assistant in nursing, attended a conference on financial aid sponsored by the College Entrance Examination Board in Newton on February 10-12.

Miss Helen Brockman, instructor in nutrition, was present at a seminar sponsored by the Massachusetts Dietetic Association on "Current Trends in Gastroenterology" in Cambridge on February 13. She also attended the 1974 Annual Legislative Clearing House Workshops held by the United Community Services of Metropolitan Boston, the Massachusetts Association for the Advancement of Human Services, and the United Way Executives of Massachusetts on February 22 in Boston.

In attendance at a seminar on psychiatric units at general hospitals held by Bon Secours Hospital in Methuen on January 23 were **Ms. Charlene Cutler,** L.P.N., and **Ms. Nancy Nager,** R.N.

Mr. Joseph E. Doherty, building services manager, was appointed to the Finance Committee for the town of Dedham.

Miss Charlotte L. Donaldson, dietetics manager, was elected to the Board of Directors of the Society of Hospital Food Service Administrators of the American Hospital Association.

Attending the Carney Hospital Respiratory Symposium at Carney Hospital in Boston on March 12 and 19 was **Mrs. Margaret Drees,** R.N., instructor in staff education.

Miss Ann Gough, R.N., instructor in the School of Nursing, was present at the seminar "Cancer from the Nurse's Viewpoint" on February 5 and the panel discussion "Rape—Who Cares" on March 19 held by the Boston College School of Nursing Continuing Education Series at Boston College.

Miss Ellen D. Howland, assistant director and director of nursing, and **Miss Lois Preston,** associate director of nursing service, attended the lecture "Quality Assurance Programs and Continuing Education" sponsored by the Boston University Department of Continuing Education at Boston University on February 21. They were joined by **Miss Joan Randle,** associate director of the School of Nursing, and **Mrs. Suzanne Holloran,** chairman of the third year of the School, at the panel discussion "Providing Better Patient Care Thru More Effective Utilization of Clinical Facilities" held by the Massachusetts League for Nursing Council Diploma Programs in Worcester on February 26.

Miss Patricia Keaney, associate director of dietetics, was elected to the House of Delegates of the American Dietetic Association.

Mrs. Irma Kellner, director of volunteers, was a moderator in the workshop "A Partnership — Auxiliary/Department of Volunteer Services" at the Second Annual Workshop of the Massachusetts Association of Directors of Hospital Volunteer Services on May 1 in Framingham.

In attendance at the "Workshop on Child Psychiatric Nursing" held by the Massachusetts Nurses association at the Lemuel Shattuck Hospital, Boston, on March 8 was **Miss Selina M. King,** R.N.

Mr. Roger A. Perry, Jr., external resources manager, has been appointed to the Committee on Long Range Goals at Bradford College.

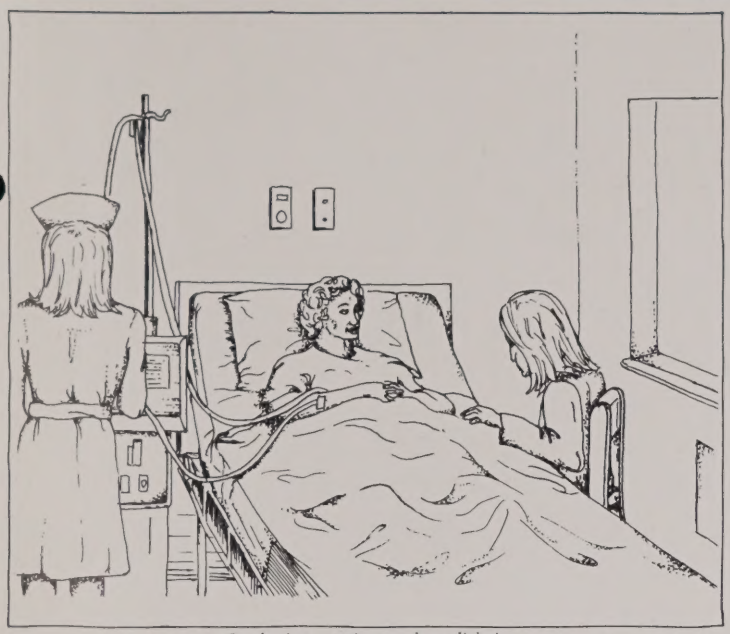
Mrs. Lauren Rainville, R.N., intensive care unit, and **Miss Elaine Sherwood,** R.N., unit teacher on the intensive and coronary care units, attended the respiratory symposium "A Breather in Boston" held by the Boston Chapter of the American Association of Critical Care Nurses on March 14-15 in Boston.

Present at the seminar "Developing Subordinates" at the New England Hospital Association in Boston on March 25 was **Miss Marilyn Scannell,** R.N., assistant head nurse on the intensive care unit.

Ms. Polly Sullivan, recreational therapist on Deaconess 4, was in attendance at the seminar "Activity Programs Can Make or Break You" held by the New England Hospital Assembly in Boston on March 26.

Mr. Francis A. Tenore, security manager, lectured on "Fire Safety in a Hospital Environment" at the 53rd Annual Massachusetts Safety Conference and Exhibit on March 12-13 in Boston.

A look at Social Service



Comforting a patient on hemodialysis.

The Social Service Department provides services to patients and their families who need help in meeting personal and social needs for understanding, information, and support encountered in illness, in the course of medical care, and in seeking the highest possible level of independent living. In addition to Mr. Gerald E. Cubelli, Director of Social Service, there are seven caseworkers and a secretary to provide these services.

"People have the misconception that we work only with welfare cases," says Mr. Cubelli. "Social Service isn't interested in economics alone. We're interested in the effects that illness has on people's lives."

Social Service becomes involved when a medical problem becomes a social problem. There is often emotional trauma, confusion and misunderstanding when a patient faces the consequences of his illness. Because of a disability, the patient may need continuing care upon discharge from the Deaconess. Faced with these problems, the patient may need to see the social worker and will be referred by the medical staff.

Upon referral, a social worker reads the medical chart, consults with other professionals such as nurses, dietitians, nurse specialists, and physical therapists, the medical staff and continuing care coordinator. All of these people work together to see that the patient receives the care and placement suitable for his particular situation. Patient benefit is the first consideration.

"Once the doctor explains to the patient and his family the need for a visit from Social Service," says Mary deBettencourt, a supervisor, "the social worker can start his work." In addition to medical and nursing recommendations, the patient and his family must indicate what kind of care would be the most socially satisfying and acceptable. Many patients and their families, unfortunately, still associate Social Service only with welfare or nursing homes. Although the department does offer assistance in finding ways to pay bills and is involved in discharge planning, its primary function is to help the patient and his family through the crisis of illness.

"As soon as it is evident that a patient needs a social worker, the doctor should call us. It takes time to develop the trust and confidence essential to any constructive planning. It can't be done two or three days before discharge," commented social worker Stan LaBianca. "Patients don't disappear from view after discharge. Their medical care must be continued."

If a patient needs continuing care there are a number of options open to him, depending on his medical needs, his own desires, the preference of his family, and their ability to pay for such care. The only continuing care a patient may need is a homemaker or a visiting nurse. However, he may need to be placed in a convalescent home, rehabilitation facility, or chronic hospital. Pat Eells, social work assistant, points out that this involves interviewing the family and telephoning from one to dozens of facilities. Some patients are easier to place than others. Nursing homes and rehabilitation centers are crowded and beds are not always available.

Discharge planning.

Once a bed has been located, the facility must be approved by the patient, his family, and the medical staff. Other professional staff who have cared for the patient must be informed. When arrangements with the nursing home are completed, the doctor can discharge the patient. Medical information is transferred to the institution so that the appropriate level of care can be continued.

Although the mechanics of discharge planning take a disproportionate part of the social worker's day, all agree that case work is the most satisfying part of their jobs.

"It's helping the patient come to terms with his illness," explains social worker Margaret Blumle. "Case work involves counseling, giving emotional support, and understanding."

"Supportive counseling," adds caseworker Candace Grimes, "helps a patient cope, and can make a world of difference in a patient's attitude about himself and his illness. Every patient is different in his reaction to his medical situation, and counseling must be based on the individual's way of acceptance and response."

Dr. Phillip L. Isenberg is a psychiatric consultant who meets with the department once a month to discuss cases and offer guidance.

Caring for the critically ill patient is also a strain on the emotions of all staff. Social work supervisor Ellen Smith meets with the staff of the hemodialysis unit once a week.

"Patients faced with renal failure go through emotional crises," says Miss Smith. "It's a stressful situation that doesn't stop because the disease itself is chronic. I do counseling with the patients and their spouses regarding the emotional and financial burdens."

Miss Smith became involved in the hemodialysis unit by making financial arrangements for patients. As she met this need, she contributed toward a growing understanding of the need for emotional support felt by everyone involved.

In the hemodialysis unit Miss Smith is part of a team that cares for the emotional needs of the patients. "Naturally, we can't be all things to all people. We can give support and ar-

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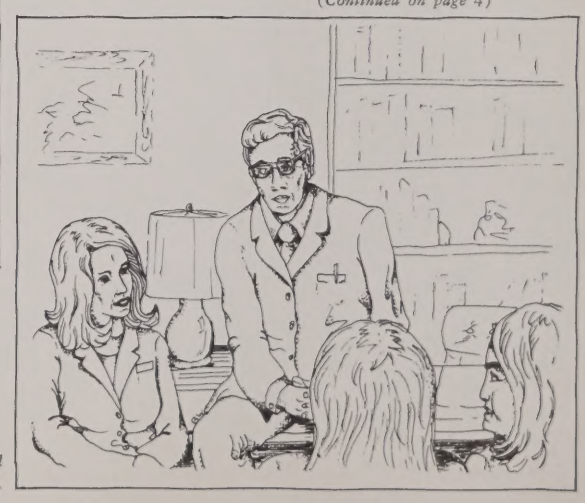
Talking with a patient's family.



Psychiatrist and staff discussing cases.

Doctors doings

Dr. Mian N. Ashraf, thoracic surgery, and **Dr. Ahmed Mohiuddin,** cardiology, lectured on "New Trends in Coronary Angiography and Cardiac Surgery" at a conference sponsored by the Postgraduate Education Committee of Sacred Heart Hospital, Manchester, N. H., on November 28.

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Dr. David P. Boyd, thoracic surgery, was elected president of the Countway Library Associates in December 1973. He attended a meeting of the Society of Thoracic Surgeons held in Los Angeles on January 27-February 1.

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Dr. Maria Pia Caldini, anesthesia, attended a clinical conference in pediatric anesthesia in Los Angeles on January 25-28.

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Dr. Joseph B. Dowd, urology, attended a meeting of the American Board of Urology in Chicago on February 1-9.

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Dr. Michael A. Greenwald, dermatology, gave a lecture entitled "Recognition and Differential Diagnosis of Skin Cancer" to the American Cancer Society Annual Symposium in conjunction with the Greater Boston Medical Society on December 2 in Boston.

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Dr. Joseph K. Hurd, Jr., gynecology, attended a symposium on aminoglycoside antibiotics sponsored by the Schering Corporation in Dallas on November 16.

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Dr. Samuel L. Moschella, allergy and dermatology, gave a lecture entitled "Adolescent Dermatology" at the Norwood Hospital, Norwood, on January 22. He also lectured on "Lymphoma Cutis" at grand rounds at St. Elizabeth's Hospital, Brighton, on January 31.

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Dr. Cornelius E. Sedgwick, chairman of the department of surgery, gave lectures entitled "Surgery for Portal Hypertension," "Hepatic Resection," and "Hepatic Ligation and Perfusion," at the 22nd Course in Surgery of the Abdomen at the University of Barcelona, Spain, on December 5-7.

Security . . .

(Continued from page 1)

things from the back seat. At the garages near the Deaconess you can park, lock, and leave your car. Don't park in a garage where you have to leave your keys in the car. If you must, then remove all keys from the key chain but the car key. Leave another person or a family dog in the car for short shopping trips. Install a kill switch, or toggle switch, which will shut off the ignition. Wrap a heavy chain around the steering wheel to the brake pedal. Get a "Deweko," an ignition plug which has to be plugged into the ignition before the car can start. Use a "crook lock," a metal bar locking the steering wheel to the brake pedal. Your neighborhood gas station attendant has plenty of time now to help you select and install these items.

The bicycle: Buy a heavy chain and a strong lock. Wrap the chain as tightly as you can around the bicycle and if you're pedalling to work, attach it to the rack at the Pilgrim Road garage. Don't park that new 10-speed in the hallway of your apartment. Bring it inside. See if you can insure it.

* * *

Security sidelight: Update your NEDH Identification Card by calling the Employee Relations Office. Carry it with you while on the job — you may be asked to show it.

Parents of children on the Diabetic Treatment Unit get together.

Social Service . . .

(Continued from page 3)

range funding, but many burdens and frustrations still remain."

Patients in hemodialysis may be followed indefinitely. Many of the patients who enter the Deaconess for surgery may use Social Service, be discharged, and never see the Deaconess again. But those who receive a kidney transplant may be back in the hospital anytime. The situation is similar with the cases of social worker Frances Lipshitz.

Most of Mrs. Lipshitz' case load comes from the Diabetes Treatment Unit. Because of the nature of diabetes, these individuals may be returning to the hospital many times, if only for check-ups.

Most of her work is counseling diabetics on the emotional and psychological effects of their illness. There is little discharge planning on the unit. She has organized a discussion group for parents whose children are in the Diabetic Treatment Unit. They don't discuss diet management and other topics that are taught in the program, but talk about the psychological problems of raising their children. It is a support group situation.

Social workers are involved with all kinds of patients and an assortment of situations. They work very closely with the family both in continuing care planning and supportive counseling. The department does a lot of coordinating with doctors, nurses, patient, and family. They are an integral part of patient care. When the patient feels very cold in the hospital, they help to provide the warmth.

New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts 02215

pulse

The New England Deaconess Hospital is a 482-bed and 16-building complex. Physicians from the Joslin Diabetes Foundation, Inc., the Lahey Clinic, Overholt Thoracic Clinic and the independent medical and surgical staffs serve the needs of their patients at the hospital. The Deaconess is internationally known for diagnosis, treatment and research in brain and chest surgery, cancer, diabetes and general medicine.

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Executive Vice President
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Director
Evans F. Houghton
Public Relations Manager
Diane Wiffin
Public Relations Assistant
M. Eleanor Clapp
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Dorothea Burke
Secretary

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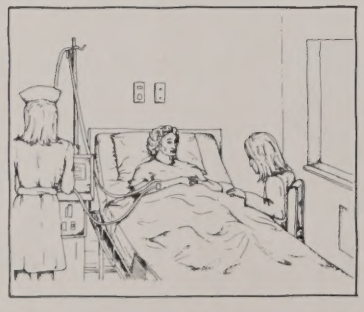

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